

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Srinivasan et al.
Serial No.: 09/805,310 Examiner: B. Jackson
Filed: March 13, 2001 Group Art Unit: 2618
For: METHOD AND APPARATUS FOR TIME-AWARE AND
LOCATION-AWARE MARKETING

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☒ Small Entity status of this application has been previously established.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-WEB on May 22, 2008 to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)

(Signature of person transmitting paper or fee)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	-	Highest No. Prev. paid for (Col. 2)	=	Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total Claims	13	-	** 21	=	* 0	x	\$25	= 0	O	x	\$50	=
Ind. Claims	4	-	*** 4	=	* 0	x	\$105	= 0	O	x	\$210	=
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$185	=	O	+	\$370	=
							TOTAL	= \$0	O		TOTAL	= \$
									R			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

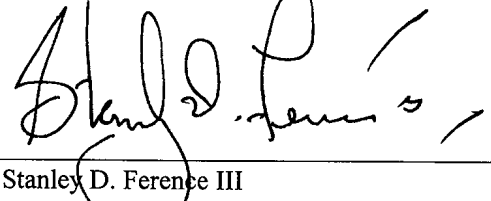
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$___ to cover the filing fee.
9. ☐ Submitted herewith is a completed Credit Card Payment Form. The Commissioner is hereby authorized to charge the \$___ filing fee to the credit card identified in the Credit Card Payment Form submitted herewith.
10. ☐ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to the credit card identified in the Credit Card Payment Form submitted herewith.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: May 22, 2008

Mailing Address:

Customer No. 35195
FERENCE & ASSOCIATES LLC
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile